

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/662234 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		5					63					
14	1						64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25	1						75					
26		1					76					
27		1					77					
28	1						78					
29		1					79					
30		1					80					
31	1						81					
32		1					82					
33	1						83					
34	1						84					
35		1					85					
36		1					86					
37	1	1					87					
38		1					88					
39	1	1					89					
40		1					90					
41	1						91					
42	1						92					
43		1					93					
44		1					94					
45		1					95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14		15				TOTAL IND.					
TOTAL DEP.	35	1	36	1			TOTAL DEP.					
TOTAL CLAIMS	49		50				TOTAL CLAIMS					